obtained from blood, throat and empyema fluid. This organism was found to produce beta-lactamase and to have a minimal inhibitory concentration of 16 μg per ml and a disk zone size of only 6 mm as confirmed by the Center for Disease Control. This child was treated initially with ampicillin and when the isolates were found to produce beta-lactamase, he was switched to chloramphenicol on which he subsequently made a good recovery.

In January 1976, a 10-month-old child presented with meningitis, and Hemophilus influenzae type B were isolated from his CSF. He was started on ampicillin and chloramphenicol and 24 hours later the isolates were found to produce beta-lactamase. Administration of ampicillin was discontinued and he subsequently made a complete recovery on chloramphenicol therapy.

These cases document that resistant Hemophilus influenzae type B organisms are now present throughout the United States, and based on experience in the eastern United States, it can now be expected that in the western United States, 10 to 50 percent of organisms isolated and studied may prove to be ampicillin resistant.

It is now mandatory that all children treated for critical infections—such as meningitis, septicemia, epiglottitis, severe pneumonia with empyema, pericarditis or osteomyelitis from which Hemophilus influenzae type B organisms may be obtained—should be treated with appropriate doses of ampicillin and chloramphenicol from onset and that subsequent drug therapy be based on assays for beta-lactamase production or minimal inhibitory concentration determinations. If the organism is not a beta-lactamase producer, administration of ampicillin alone should be continued. If the organism produces beta-lactamase or demonstrates elevated minimal inhibitory concentration requirements of ampicillin, then chloramphenicol alone should be utilized for therapy.

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Excluding Anesthesiologists

TO THE EDITOR: I have carefully read the article of Jones and Hamburger which recently appeared in THE WESTERN JOURNAL OF MEDICINE (Jones MW, Hamburger B: A survey of physician participation in and dissatisfaction with the Medi-Cal program. West J Med 124:75-83, Jan 1976) and feel very strongly that their exclusion of the anesthesiologists (along with the radiologists and pathologists) does a tremendous disservice so far as the intent of the survey is concerned as well as the potential good that might result from such data in remedial efforts that might be possible by state authorities who control this program (Medi-Cal). It is, in my opinion, rather arbitrary or capricious to exclude anesthesiologists " . . . since they are generally unable to make an independent decision about whom they treat." Certainly the phenomenon that occurred in May 1975 in California should be sufficient grounds to refute the validity of that statement. More important, however, is that the impact that such a small but vital group of health care providers, such as anesthesiologists, has upon the entire health care administered to the Medi-Cal patients should escape their attention or be deemed unworthy of study or evaluation. Bluntly stated, their refusal to participate in all anesthesia services because of the extraordinary medical liability premiums demanded of this small group when coupled with inadequate reimbursement from all state and federally mandated programs precipitated the "crisis" that Governor Brown said didn't exist and yet forced him to call a special session of the California Legislature.

It must also be pointed out that their subsample group of approximately 250 members of the California Medical Association, while perhaps statistically valid for their purposes, excluded any representation from a group of 1,600 anesthesiologists of the California Society of Anesthesiologists who comprise one of the largest single component specialties of the California Medical Association. And contrary to the opinion of some,

these anesthesiologists are, in the main, self-employed health care providers who are not agents of the hospital where they work and bill on a fee-for-service basis just like all other physicians. It is also rather unfair to group anesthesiologists along with radiologists and pathologists whose mode of practice is not even remotely similar. Many, if not most, anesthesiologists provide their own equipment, maintain separate billing offices from the hospital and differ only slightly from their surgical colleagues who also "do their thing" within the hospitals (but without being asked to provide any of the necessary equipment for the practice of their specialty). There is, however, a most significant difference between all members of the surgical specialties and the anesthesiologists, and that is the grossly inadequate reimbursement levels for their respective services.

For reasons that I am not in the least critical of, their survey dealt only with one of the many state mandated programs. But the full impact of the problem—especially as it applies to the anesthesiologists—can not be appreciated unless it is brought out that there are many other programs (both state and federal) which reimburse the anesthesiologists at far less than usual and customary fees, and that they have had and will continue to have a most deleterious effect upon the viability of this specialty. I am referring to the Crippled Children Services, industrial accident cases, Medicare, CHAMPUS, etc. Anyone who is familiar with these reimbursement schedules knows whereof I speak and I do not choose to embarrass my surgical colleagues by listing some of these gross inequities of reimbursement. But they do exist and this fact is well known by the hospital administrators as well as the surgeons.

Surveys as recent as December 1975 indicate that perhaps as many as 25 to 30 percent of the anesthesiological work force have already left the state of California, have entered the military or Veterans Administration hospital systems or are being forced to retire from practice.[1] Similar surveys of the residents-in-training in the field of anesthesiology who are about to complete their training have indicated that they will not practice in California.[2] What is needed is a total reevaluation of the reimbursement schedules for all these state and federally mandated programs as it applies to all specialties—both surgical and nonsurgical. In my opinion, the survey by Jones and Hamburger does a disservice in not pointing out these facts as well as excluding certain specialties which are vitally affected. Neglectful inaction in this area will soon enough result in the destruction of an entire discipline of medicine in the very near future and will have a profound and disruptive effect upon the quality and quantity of health care to all Californians—and just maybe everyone in the United States.

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The Authors Reply

IN RESPONSE to Doctor Lauber's letter, the following details will explain the exclusion of anesthesiologists from the results of the Medi-Cal Participation Survey.

A total of 48 out of 72 anesthesiologists randomly included in the sample returned their questionnaires. Among these respondents, 18 merely commented that their own situation was not applicable to this survey, since they do not choose whether or not to accept Medi-Cal patients for treatment. Of the 30 who did complete at least a portion of the questionnaire, several indicated that they were answering the questions hypothetically. This response was similar for pathologists and radiologists.

In summary, more than one third of respondents in these specialties disqualified themselves in this manner and virtually all others indicated that they treat *all* patients referred to them (many noting that they have little or no choice in the matter). While sharing Doctor Lauber's concerns, the authors nevertheless concluded that data from anesthesiologists were not specifically relevant to the issues being studied. Such responses, furthermore, would have distorted the overall survey results.

As with other physicians, many anesthesiologists who did respond indicated dissatisfaction with the Medi-Cal program, and several cited problems with reimbursement far below their usual fees.

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